FILED

2002 Uniform Business Report (UBR)

changed, or on an attacho

SIGNATURE

Apr 15, 2002 8:00 am Secretary of State 325814 DOCUMENT # 1. Entity Name 04-15-2002 90049 022 ***150.00 F. B. M., INC. Principal Place of Business Mailing Address 6500 14TH STREET 6500 14TH STREET **BRADENTON FL 34207-5801** BRADENTON FL 34207-5801 2. Principal Place of Businese 3. Mailing Address SAME ΝΝ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2)ty & State City & State Applied For 4. FEI Number 59-1203388 DRADENTON Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent DINIUS, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 3421 - 53RD ST., W. **BRADENTON FL 34209** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change DINIUS, GEORGE NAME 811 59TH ST NW STREET ADDRESS STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP CITY-ST-ZIP ST ☐ Delete TITLE ☐ Change Addition TITLE DINIUS, SARA ELLEN NAME NAME STREET ADDRESS 811 59TH ST NW STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition DINIUS, MICHAEL C NAME NAME 3421 53RD ST W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

March 15 2002